

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 59

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Association of Nurse Anesthetists Separate Segregated Fund (CRNA-PAC)

**A.**

Full Name (Last, First, Middle Initial)

Douglas J Ell

Mailing Address 3805 Parkridge Dr

City

Rapid City

State

SD

Zip Code

57702-0507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Requested

Occupation  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 8

Transaction ID: 27603140

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Louise E E. Hershkowitz

Mailing Address 2020 Turtle Pond Drive

City

Reston

State

VA

Zip Code

20191-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fair Oaks Anesthesia Asso-  
ciates, Inc.

Occupation  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 8

Transaction ID: 27603141

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Vance Wormwood

Mailing Address 29 Windsor Pines Drive

City

Scarborough

State

ME

Zip Code

04074-8865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Hospital

Occupation  
CRNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 0 8

Transaction ID: 27603144

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....